



# ZENITH HEALTH CARE NETWORK

Welcome to the Zenith Health Care Network (ZHCN)—a customized network of physicians, hospitals, outpatient facilities and ancillary services for the state of Texas. As a policyholder participating in the network, you must provide your employees with copies of the materials listed below in both English and Spanish. The law requires that you develop and document a standardized method for delivery of the Notice of Network Requirements packet to all current and new employees.

**The following information must be documented:** 1) Delivery Method (e.g. mail, email); 2) To Whom the Notice was Delivered; and 3) Date(s) of Delivery. Failure to document the delivery can create a presumption that employees did not receive the Notice of Network Requirements packet and are not subject to participation in the ZHCN. **Download additional copies of the Notice of Network Requirements packet at [www.TheZenith.com/ZHCN](http://www.TheZenith.com/ZHCN)**

## At ZHCN Sign Up:

**Provide the Notice of Network Requirements packet to all employees in English and Spanish, and post it in an area frequented by employees.**

The packet includes:

- Service Area Map
- Acknowledgment Form
- Pre-Designated Physician Form

\* The packet must be distributed within 30 days of signing up to participate in the ZHCN network. These notices do not need to be redistributed if you are in a renewal year with the ZHCN and you distributed them in the past.

## At Time of Hire:

**Provide the Notice of Network Requirements packet to any new employees in English and Spanish.**

The packet includes:

- Service Area Map
- Acknowledgment Form
- Pre-Designated Physician Form

\* The packet must be distributed within three days of being hired. We recommend that you provide these along with other tax and employment forms.

## At Time of Injury:

**Provide the Notice of Network Requirements packet to an employee immediately following an injury in English and Spanish.**

The packet includes:

- Service Area Map
- Acknowledgment Form
- Pre-Designated Physician Form

TX Workers' Comp form (DWC-1)

\* Report the Injury to Zenith at 1-800-440-5020 within 24 hours. Ensure that the initial medical appointment is scheduled with the ZHCN treating doctor within 3 calendar days. Visit [www.TheZenith.com/ZHCN](http://www.TheZenith.com/ZHCN) for a list of ZHCN doctors in your area.

**Everytime the Notice of Network Requirements is distributed, employees must sign and return the Acknowledgment form.**

The signed form should be kept in the employee's personnel file. Refusing to sign the form does not void participation in the ZHCN. If an employee refuses to sign the form, document the date and method of Notice delivery and log it in the employee's personnel file.

**Questions? Contact us at 1-800-841-3987 or [txnetwork@thezenith.com](mailto:txnetwork@thezenith.com)**